*This is only a suggested form. Teachers may develop their own form.



OSE goal: 20 books per month

(Additional sheets may be attached)

Student's Name:	Student's Grade Level:
School:	Teacher's Name:
SCHOOL.	reactier's tvaine.
TITLE OF BOOKS	
1.	
2.	
3.	
4.	
5.	
J.	
6.	
7.	
8.	
9.	
10.	
10.	
11.	
12.	
My favorite book was:	
I certify to the best of my knowledge this student has read these books. I have also	
approved these books and verified they are appropriate.	

Parent Signature:	Date:
Teacher Signature :	Date:

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